ATTACHMENT E - NOTICE OF INTENT

DIVISION OF MATER QUALITY

WATER QUALITY ORDER 2016-0039-DWQ GENERAL PERMIT CAG990004

STATEWIDE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT FOR BIOLOGICAL AND RESIDUAL PESTICIDE DISCHARGES TO WATERS OF THE UNITED STATES FROM VECTOR CONTROL APPLICATIONS

I. NOTICE OF INTENT STATUS (see Instructions)				
Mark only one item 🌖 A. New Applicator 🔲 B. Change of Information: WDID#				
☐ C. Change of ownership or responsibility: WDID#				
M D. Enrolled under Order 2011-0002-DWQ: WDID# 5/5 AP 00038				
II. DISCHARGER INFORMATION				
A. Name				
Delano Mosquito Abatement District				
B. Mailing Address				
PO Box 220				
C. City	D. County	E. State	F. Zip Code	
Delano	Kern	CA	93216	
G. Contact Person	H. Email address	I. Title	J. Phone	
Marlin Isaacs	dmad1944@gmail.com	Manager	661-725-3114	
III. BILLING ADDRESS (Enter Information <u>only</u> if different from Section II above)				
A. Name				
B. Mailing Address				
C. City	D. County	E. State	F. Zip Code	
G. Email address	H. Title	I. Phone		

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IV. RECEIVING WATER INFORMATION

 □ 1. Canals, ditches, or other constructed conveyance facilities owned and controlled by Discharger. Name of the conveyance system: □ 2. Canals, ditches, or other constructed conveyance facilities owned and controlled by an entity other than the Discharger. Owner's name: Name of the conveyance system: □ 3. Directly to river, lake, creek, stream, bay, ocean, etc. Name of water body: Woollomes Lake, White River, Deer Creek, Poso Creek * A map showing the affected areas for items 1 to 3 above may be included. B. Regional Water Quality Control Board(s) where application areas are located (REGION 1, 2, 3, 4, 5, 6, 7, 8, or 9): Region 5 (List all regions where pesticide application is proposed.) 				
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(REGION 1, 2, 3, 4, 5, 6, 7, 8, or 9): Region				
(List all regions where pesticide application is proposed.)				
A map showing the locations of A1-A3 in each Regional Water Board shall be included.				
V. PESTICIDE APPLICATION INFORMATION				
A. Target Organisms: 🖾 Vector Larvae 🔣 Adult Vector				
B. Pesticides Used: List name, active ingredients and, if known, degradation by-products				
CoCo Bear (Refined petroleum distillate)				
Vectobac 12AS (Bascillus thuringiensisvarisraelensis) Altosid XR Briquettes / Liquid / Pellets (Methoprene)				
Pyrocide (Pyrethrin)				
C. Period of Application: Start Date <u>April 2016</u> End Date <u>Nov 2016</u>				
D. Types of Adjuvants Added by the Discharger:				
VI. PESTICIDES APPLICATION PLAN				
A. Has a Pesticides Application Plan been prepared?*				
lacktriangle Yes $lacktriangle$ No $**$ We will be using PAP on file**				
If not, when will it be prepared?				
* A copy of the Pesticides Application Plan shall be included with the NOI.				
B. Is the applicator familiar with its contents?				
⊠ Yes □ No				

GENERAL NPDES PERMIT FOR BIOLOGICAL AND RESIDUAL PESTICIDE DISCHARGES FROM VECTOR CONTROL APPLICATIONS

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VII. NOTIFICATION				
Have potentially affected governmental agence ☐ No	ies been notified?			
* If yes, a copy of the notifications shall be attached to the NOI.				
VIII. FEE				
Have you included payment of the filing fee (for first-time enrollees only) with this submittal? ☐ Yes ☐ NO ☐ NA				
IX. CERTIFICATION				
"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment. Additionally, I certify that the provisions of the Order, including developing and implementing a monitoring program, will be complied with."				
A. Printed Name: W. Marlin Isaacs				
B. Signature: W. Marager Date: 4/19/16				
X. FOR STATE WATER BOARD USE ONLY				
WDID:	Date NOI Received:	Date NOI Processed:		
Case Handler's Initial:	Fee Amount Received:	Check #:		